

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3-2-95</u>		2 Serial/Patent # <u>08/243342</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
Filing			\$							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
<input checked="" type="checkbox"/> Other <u>Surcharge</u>			\$ <u>130</u>							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>130</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		Treasury Check								
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>6</td><td>--</td><td>1</td><td>1</td><td>5</td><td>0</td> </tr> </table>		1	6	--	1	1	5	0
1	6	--	1	1	5	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>M. Jay</u>		TITLE: <u>L. O. O.</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-1282</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Bill Philby</u>		DATE: <u>3/3/95</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**